

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012380

STATE FILE NUMBER

387

FILED APR 20 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Westboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2			Length of stay in lb 47 years		d. STREET ADDRESS 0030		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARCHADIA Middle C. Last HIRSCH				4. DATE OF DEATH Month April Day 15 Year 1959			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH unknown		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) (unknown) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Leonard Hirsch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT State Hosp. Records, St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture left femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypostatic pneumonia due to fracture DUE TO (c) 9047 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 45						INTERVAL BETWEEN ONSET AND DEATH 5 months 1 week	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pt. fall on the ward Dec. 8, 1958				
20c. TIME OF INJURY Hour 12 Month, Day, Year 8/1958 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward State Hosp.		20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan Mo.		COUNTY STATE	
21. I attended the deceased from Dec. 9, 1958 to Apr. 15, 1959 and last saw her alive on April 15, 1959 Death occurred at 11:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Mohammad Tahir M.D. (Degree or title)				22b. ADDRESS State Hosp. #2, St. Joseph, Mo.		22c. DATE SIGNED 4/15/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4/16/1959		23c. NAME OF CEMETERY OR CREMATORY Westboro		23d. LOCATION (City, town, or county) (State) Missouri	
24. FUNERAL DIRECTOR Hester-Bowman ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. April 16, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mohammad Tahir
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William J. Freeling*

Licensed Embalmer No. *9535*

P. O. Address *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.